

Booster Meeting Request



Fill out and return this form ONLY if you are meeting on campus

Meeting Date _____

Booster Group _____

Booster Officer Name _____

Sponsor Name _____

Approximate Number of attendees _____

Time _____

Location _____

Received _____ Date _____
(Activities Director)

Approved _____ Date _____
(Assistant Principal)

(Form must be submitted to Activities Office 1 week prior to scheduled meeting.)